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H. T. WEBSTER, M. D., EDITOR.

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### A LITTLE EXPERIENCE WITH NITRO-GLYCERINE AND AMANITINE POISONING.

BY J. G. PIERCE, M. D.

MARCH 14 Mrs. Perrier brought her little granddaughter to my office alleging that she had eaten a number of small sugar-coated pills from a box that she had with her, and that, before starting from home (five miles from town), she had given her a teaspoonful of syrup ipecac for the purpose of ejecting them from her stomach, but it had failed to work. She said the pills had been in the house for two or three years, and she did not know what they were, but feared the consequences of taking so many, though small, as they were. To ascertain if possible what they were made of I removed the crust of sugar from two of them, and put them in my mouth. After masticating them I could only discover a slight peppery taste, which arrested my thoughts from strychnia, phosphorus, atropia, or other poisons put up in that form, and with which I was familiar, and I carelessly swallowed them. In less than two minutes I began to feel my head thumping



as though a trip-hammer had just discovered perpetual motion and was celebrating it with a rat-a-tat on my tympanum.

That others may know how it feels without making any foolish experiments on themselves, I will tell them. My chest felt entirely too small for its contents. My arteries ran riot with a swish as though they had a mission to get there regardless of consequences. My first mental impression after the physical was that the man was an a— that would swallow a medicine not knowing what it was, when we are not so sure what it will do, when we do know. Professor Scudder has always insisted that we should make ourselves familiar by taste, smell, and other tests of the physical properties of the drugs we use, and I have been a pretty fair investigator, and if I have learned anything to my entire satisfaction it is that it is not safe to fool with the business end of nitro-glycerine!

But I did not start out to make myself the hero of this little story, for perhaps it will be agreed that it turned out with me to be an animal of another kind. The child vomited quite freely soon after entering my office, from the effects of the ipecac taken before leaving home. The emesis consisted of copious mucous discharges and freely intermingled in it were broken portions of these little brown pills. By close examination by myself and others it was estimated that she had swallowed no less than a dozen or fifteen. From the number of the prescription on the box I ascertained that each pill contained one-fiftieth of a grain of nitro-glycerine. She had them in her stomach something over an hour before emesis, and no immediate or after effects were observed. Then, why should two of them act so energetically with me. Was it because they were thoroughly comminuted before entering my stomach? It was true that I had eaten nothing since breakfast (it was one o'clock P. M.), but it was also observed that the child had not eaten a thing for five or six hours. The little girl was after the sugar with which they were coated, and did not masticate them well. Is it probable that a revulsive action was set up in the stomach by the presence of ipecac that arrested absorption? There is a nice toxical and therapeutic problem herein involved.



March 18 I was called to treat a Swissman's family that were poisoned by eating heartily of what they supposed to be edible mushrooms. There were seven of them, including two hired men. Their meal was served at six o'clock P. M. of the 16th and at one A. M. of the 17th. The first symptoms began to appear on the part of one of the hired men, and was soon followed by others. Diarrheas followed, with burning of the stomach and tenesmus of the bowels. They all recovered without professional assistance with the exception of the mother and a six-year-old girl. The mother was *enceinte* at the period of three months. She had not vomited, but suffered severely with diarrhea and griping of the bowels, which was beginning to induce labor pains and threaten abortion. This was the occasion of their calling me. Her general appearance was that of a person bordering on a state of collapse. There was a bluish cast to the entire surface, with a clammy, cold feel to the touch. She complained that she could not get warm, although her stomach and bowels were burning. I gave a hypodermic injection of

Morphia sulph., gr.  $\frac{1}{4}$ .

Atropia sulph., gr. 1-100.

This gave almost immediate relief. This was repeated in two hours, and, together with hot packs around her, and an occasional drink of hot milk, effected a complete cure. The girl received one injection of atropia, gr. 1-100, which was sufficient for her entire relief.

This is a limited experience with amanitine poisoning and its treatment with atropia, but the prompt and satisfactory results made it sufficiently interesting to me, and I thought it possibly might be to others. My information for its use was derived from a paper by Charles McIlvane in the *Medical and Surgical Reporter* of December 12 and 19, 1885. In a correspondence with Dr. Shadle, of Shenandoah, Pa., Dr. Shadle reports to him the history and treatment with atropia of five cases. In view of the great abundance and variety of the mushroom family on this coast, and the liability of meeting with cases of mistakes of selection, I will take the liberty of quoting from this report. The entire paper would be interesting if reproduced, for it is of im-



portance to be able to select the edible from the non-edible for use, and interesting to study the symptoms and variety of treatment adopted. But as physicians we are liable to be called upon in emergencies to labor with the practical problem of recovery from such mistakes.

After recounting the various methods adopted for their relief; he says: "One-eighth of a grain of morphia sulph. was administered hypodermically to alleviate as much as possible the abdominal suffering." "In order to invite the circulation of blood to the ice-cold surface of the body, heated bricks and bottles of hot water were placed in bed around the patients. Analyzing each symptom as it arose, and carefully observing the effects of the poison on the system, I formed this opinion, that the toxic element contained in the noxious fungus eaten by these people was narcotic in its nature and spent its force on the nerve centers, especially selecting the one governing the function of respiration and the heart.

"Acting upon this conclusion, I began, in the early part of my treatment, subcutaneous injections of sulphate of atropia in frequently repeated doses, ranging from  $\frac{1}{180}$  to  $\frac{1}{90}$  of a grain. The injections invariably were followed by perceptible improvement in the patient; the heart's action became stronger, the pulse returned to the wrist, and the respiration increased in depth and fullness.

"Through the agency of this remedy, supported by the other measures adopted, three, or 60 per cent, of the patients recovered. The lessons I draw from this experience are—

"1. That poisoning, produced by this variety of toad-stool, is slow in manifesting its effects.

"2. It destroys life by a process of asthenia.

"3. That in atropia we have an antidote, and it should be pushed heroically, from the earliest inception of the action of the poison."

To further inquiries by McIlvane he answers: "Now as to the treatment of atropia, I think I can appropriate a pretty correct statement in reply to your queries. Not knowing that atropia was considered an antidote, I began its employment in the treat-



ment of these cases from the physiological knowledge I had of the drug, relative to its action in other diseases in which there was heart failure and embarrassed respiration.

"When I saw the U. S. D. suggested it, I of course felt it my duty to use it, as I could find nowhere anything mentioned as an antidote. I feel convinced, in my opinion, that it was by means of atropia that I saved three of the five patients. Why do I think so? Because whenever I would administer the remedy the patients rallied, the pulse returned to the wrists, the heart sounds became stronger, and the respirations increased in strength and fullness. What more conclusive evidence do I want than this to show as to how the agent is acting?" When I first saw the patients—twelve hours after the injection of the poison—their symptoms were alike, one suffering as much as the other. I began the use of the alkaloid in the evening of the same day, when I saw the powers of life giving away—the heart failing and the respirations becoming shallow. The alkaloid failing to save the two that died, I think can be attributed to one of two causes, or probably both:—

1. That the use of atropia was begun too late and not used heroically enough.

2. That so much of the poison was taken up by the system in these two cases that it became too violent to counteract, etc."

I know that "brevity is the soul of wit," and the thing to insure willing readers, and my only apology for dwelling so long on this subject is that there have been frequent reports of poisoning and deaths through the secular papers in the last few weeks from mushroom poisoning. And if this will be of any benefit to any of my brother practitioners in cases that they are at all times liable to meet with, I will be happy.

Both McIlvane and Shadle seemed to reckon atropine as a true antidote for amanitine poisoning. In the sense that the heart's action should be sustained and nutrition to the exhausted nerve centers restored, I think they are correct. But there is one thing that I observed with the family that I was called to treat, that three of them that vomited most freely, thereby ejecting the remaining contents of the stomach, recovered without treatment.



This would suggest that an active emetic if called in the early stages would probably largely raise the per cent of recoveries. Hot milk in all states of exhaustion I have found to be more readily retained than spirits. And as a *stimulant* and restorative it is incomparably superior.

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### LEONTIN.

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BY JOHN FEARN, M. D., OAKLAND, CAL.

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IN the November issue of last year's CALIFORNIA MEDICAL JOURNAL, the editor made some remarks as to leontin, and called for investigation of the medicine and consequent enlightenment. I have been waiting for the past five months expecting some of our physicians would write up their experience with this article. As the brethren have failed to materialize, I come to the rescue. I trust that what I may say upon this subject will start some others to writing.

HISTORY.—“*Caulophyllum thalictroides*,” or blue cohosh, from which leontin has been obtained, has long been used by Eclectic practitioners, also Homeopaths, as an emmenagogue pro-turient and antispasmodic; also, as a remedy for rheumatism, it enters into the compound known as syr. mitchella co., or mother's cordial. And, in fact, it was used by the American Indians long before there were any Eclectics. The Indians gave it to their squaws when approaching confinement, to facilitate labor—from this fact it took the common names of squaw root or pappoose root. But in these days of advanced pharmacy there were inseparable barriers to its general use amongst civilized people till very recently. These barriers were, it was both nauseous and unsightly—whether used as a fl. extract or specific tincture. I am happy to say that these barriers have lately been swept away.

Cincinnati, the birthplace of so many grand improvements in Eclectic pharmacy, is again to the front. Advanced workers in the ranks of progressive medicine of all schools owe a debt to the Merrills, Thorps and Lloyds, which will not be easily discharged. This time “Prof. J. U. Lloyd” has succeeded in isolating the



emmenagogue principle of *caulophyllum*, and after thoroughly testing the same it has been named "leontin." It is a white, crystalline glucoside, in beautiful, feathery crystals, much resembling morphia or quinine. For use it is made into a solution of the strength of one per cent. When first I got the preparation, the solution was not colorless, and it was apt to have a precipitate. The color I notice has been getting less and less, till now it is nearly water white, and not so much inclined to produce irritation of the fauces as did the early samples. It has not been on the market long, and yet it has created quite a stir.

I have just learned, as showing the interest taken in this drug, that a prize of \$100 in gold was awarded at the Jefferson Medical College last session to a thesis on leontin. The investigations in connection with this thesis were carried on in the laboratory of Prof. Roberts Bartholow.

THERAPY.—So far as my own investigations go and my inquiries of others, I am very hopeful that we have in this same leontin a remedy that will entirely take the place of all the unsightly and distasteful preparations of blue cohosh.

But do not misunderstand me. I do not wish to say that we have in leontin an infallible emmenagogue; blue cohosh many times failed, and so this remedy will sometimes fail. Sometimes when it fails singly it will succeed when associated with iron or alternated with permanganate of potassium. Where suppression of the menstrual flow is due to anæmia it would be folly to entirely depend upon such a remedy alone, but we may combine it with other remedies, and get the finest results. Where suppression is due to congestion it is a very good remedy. Where suppression is due to atony of pelvic organs, and consequent uterine inertia, it is a grand remedy.

In membranous dysmenorrhea, associated, perhaps, with viburnum, opulus or gelsemium, with hot sitz-bath, I can think of no remedy more likely to succeed.

In retained lochia and consequent puerperal fever due to this cause, it would certainly be a prime remedy—re-establishing the discharge, and thus preventing subsequent blood poisoning.

In scanty menstruation, where the person is not anæmic, ap-



petite and general health good, condition sometimes even of plethora, I have proved it to be a good remedy, and, by the way, we have in California a good many patients of this class. No particular ailment, they often look the picture of health, and yet menstruation is so scant as to be far from satisfactory; and this condition often gives rise to serious misgivings as to the effect of this scanty flow upon the general health.

As a *partus accelerator*, I have not used it, but from what I have heard from others and from my own investigations with it upon the gravid uterus, I believe it is going to be a good remedy, pleasant to take, certain and safe in its action. There are some remedies that will initiate contractions, but their action is not free from danger. There are others that will not initiate contractions, but they will re-inforce them after they are once started. From personal observation I am certain that this remedy has the power to initiate contractions, and under proper supervision to sustain them without danger, and were I called upon to name important remedies for the obstetric case I should certainly give this remedy a very prominent place. If I were to be asked to state how this remedy acts, I would say it relieves local uterine, also ovarian, congestions, by equalizing circulation through its general stimulating power. If I were asked how it relieves, in cases of pelvic atony, uterine inertia and consequent amenorrhea, I would say it does this by improving circulation and consequently innervation and nutrition of the parts; in other words, it gets a better life to the parts.

With regard to its worth as an *anti-rheumatic*, I believe it will be a good remedy, and I shall try it with considerable expectation of benefit from its use.

Prof. A. J. Howe, M. D., speaks of having met with success in both uterine and pulmonary hemorrhage, giving ten-drop doses every three hours.

With regard to its administration in cases of deficient menstruation, with general anæmia, I have prescribed:—

R      Leontin, ʒij. to ʒiv.

Beef, iron and wine to ʒiv.

M. Sig.—ʒi four times a day. This has answered a very nice purpose, the flow increasing and general health improving.



In another case a young girl suffering with scanty menstruation and consequent headache and general *malaise*, I prescribed:

R Leontin, ʒij.

Elix. wahoo.

Co. syr. pepsin, to ʒiv.

M. Sig. ʒi after eating, and on retiring.

I find that these doses, small though they may seem, have worked nicely.

CAUTION.—I would say in regard to this drug from my own observation, that we must be very careful about giving it during the period of gestation. I prescribed it in small doses for a lady about three months advanced in pregnancy. It very soon brought on pains resembling labor pains, and I felt sure that the medicine in this case would soon have caused an expulsion of the uterine contents. This was repeated more than once, with the same result. I stopped the medicine and all went well.

In conclusion, my experience with this preparation warrants me in predicting for it a wide field of usefulness. I have thought sometimes our old-fashioned drugs were being made beautiful to the eye, and pleasant to the taste, at the expense of their efficacy as medicines. But here we have a nauseous and rather unsightly preparation so changed by pharmaceutical skill that the most fastidious may take it without objection. And I believe its virtues on any of the lines I have indicated will be found not to have been reduced but enhanced.

I think I may say that leontin is *caulophyllum thalictroides* minus the dirt.

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## DOES IRRIGATION PRODUCE MALARIA?

BY W. B. MARCH, M. D.

IN our State, where irrigation is in many parts a necessity, the question naturally arises, Does irrigation produce malaria? I will answer the question in this manner: That it does produce it under certain conditions, and that it does not, if these conditions are overcome.



All have no doubt noticed that, after great freshets along our rivers, where there are large bodies of flat, level lands, malaria will invariably follow. Why is this? Is it because the growth of vegetation is so much greater? No. It will be found, in nearly every instance, that new channels have been cut. Fields have been covered with new soil. Then follows malaria. During the summer's heat this material, exposed to the sun's heat, undergoes a chemical change or fermentation, not from the amount of vegetable matter it contains, for, as a rule, it contains none, but from the chemicals it contains, that have never been exposed to sunlight and air, etc. In mining districts where there is but little, if any, vegetation, we will find malaria "shaking the trees." We will also find they are using water from these mines to irrigate gardens and orchards near by, when, if the water and *débris* had run together into the streams below, the people residing in the district would have been exempt from it. La Grange (this State) previous to 1877-78 was exempt from any malarial troubles, but during the years mentioned, many gardens and small orchards were started. The water to irrigate them was taken from the mining ditches that carried large quantities of this *débris*. Malaria soon made its appearance. No one in the town escaped, and a large majority of the people were compelled to leave to obtain relief. This condition existed until about 1883 or 1884, when the mine nearest the town "shut down." Then the people got better water, containing less of *débris*. Since then they have been troubled but little.

In Campo Seco, a small mining town near me, two years ago malaria fired on them with a vengeance. In a month or two there were not enough people left to care for each other in sickness. It was all the result of renewed mining operations and extensive irrigation. Last year they were without water; mines closed, no irrigation—no malaria. This year plenty of water, mining commenced with vigor; and I am now, this early in the season, treating a case of old-style "chills."

Along the Merced River (this State) I had many years to observe the "ups and downs" of malaria. It will be found



here that after a heavy freshet they suffer most; and as there are but few years that they are without a freshet, there are but few years they do not suffer. As to the growth of vegetation, it differs but little, if any, one year with another.

No doubt the reader has observed and examined into the cause of malaria in newly-settled farming districts. Here the first year after plowing the people will be troubled some; and as more and more land comes under cultivation, their trouble increases. In a few years, the number of cases decrease, and in a few years more it disappears altogether. I cannot think this is on account of the vegetation, because vegetation becomes more rank on cultivation, and there is a great deal more turned under the soil each year, and if it produced malaria, malaria would certainly increase instead of diminish in these districts.

The reader will find that malaria will disappear altogether along the river bottoms if for several years there have been no freshets nor any deposit of new soil.

In Stockton they are discussing as to whether it would be economy for them to use the *débris* they are taking from the channels for the purpose of grading streets. In years past they had some experience in this matter they are now discussing. At that time but one street was graded with it. That one street gave them enough malaria for three or four years to make them remember it for all time.

To conclude, I believe that irrigation will produce little or no trouble, provided water be taken from streams above the mining districts, or from streams carrying no *débris*. It may be possible that there will be some trouble the first year or two, where the soil has never been subjected to great heat and moisture at the same time. Should this be the case, I believe it will disappear in a year or so, if water is used that carries no *débris*, or, as it is often termed, mud or slum.



## TYPHOID FEVER.

BY H. SCOTT TURNER, M. D.

IN presenting my plan of treatment I make no claim to anything very strange or original. Divers are the theories advanced as to the etiology, symptomology and treatment of typhoid fever, by the scientific and experienced practitioners of the present time. The *leaders* in the *profession*, the more perfect in their art because the more perfect in the science on which the art depends, claim that typhoid fever is an *enteric* disease, with a specific poison germ—the typhoid bacillus—for its origin, and strongly oppose the theory that it is a self-limiting disease and will exhaust itself in a given time; that the most the ablest physician can do is to watch over and care for the patient, guarding against complications, leaving nature to do battle with the disease.

The profession conceding the origin of the fever to be bacterial, are yet “at sea” as to the origin of this particular germ. Decomposition of animal matter is not sufficient, the living, active principle,—the typhoid microbe,—must be present. Not alone by its multiplicity in the circulation, but this in connection with the chemical poison formed by its growth and development, unite to produce a genuine case of typhoid fever.

The exciting and sustaining cause being known, it remains for us to be the aggressive, rather than the defensive, factor in this warfare. It is not sufficient that we sustain the vital forces of our patients, guarding against complications and controlling symptoms, but we should be able to lay the ax at the root of the tree, meet the specific poison with its antidote, the germ with its germicide, cutting short the disease by destroying the cause.

Someone ere long will be endowed with a *thought*, which, crystallized into a scientific truth, will mark a cycle in the art of healing, after which typhoid fever will no longer be permitted to run its weary length, living out the full period of its natural life. Until this much-hoped-for day arrives we will continue in the way marked out for us by the best teachers, sustaining the patient, guarding against complications, and watching closely the symptoms.



In giving my plan of treatment, I can do so the better perhaps by describing a particular case, which, however, is not typical, as it lacked a very general symptom,—diarrhea.

Mrs. A., aged fifty, had been residing for some months in the southern part of the State, and while there complained of a feeling of lassitude, inability to make either physical or mental exertion, using her own expression, "there was a sensation of 'all-goneness' always present." The digestive organs were in a miserable condition. At no time was there a desire for, and quite frequently an inability to retain, food in the stomach. She concluded to come North, hoping the trip and climatic changes would prove beneficial. However, in this she was disappointed.

About a month after her arrival, I was summoned to go in all haste to see Mrs. A., as she was *very* sick. I went at once and found her as represented. She had been growing gradually worse for some three or four days, and now she was in a raging fever, with an active and persistent headache, eyes bright, with pupils very much contracted, indicating great irritation of the nerve centers. Mental hebetude was present; when questioned she would begin a reply, but stop short before giving the desired answer. At times, when questioned, she would irritably exclaim, "I can't think, don't ask me." There was dizziness and great nausea from the onset.

Hot mustard foot-bath, alcohol vapor bath and diaphoretics were resorted to, hoping in this way to reduce the fever and relieve the pain. The nausea was controlled by minute doses of ipecac, which acted very promptly. Gave aconite and gelsemium as the sedatives indicated, and ordered quinine given during the remission.

I went home feeling very hopeful, believing my patient would be much better in the morning. When I made my visit in the morning I was anything but hopeful. All the symptoms of the day before were aggravated; with pulse 130 and temperature 102°, would answer only in monosyllables, and tongue so tremulous could scarcely see it before it was withdrawn.

Professor Webster, while lecturing on this subject, endeavored to impress upon our minds the fact that in the treatment of



*typhoid fever* did we employ the same remedies in the treatment of this disease that we would in the fevers of malarial origin the symptoms would be aggravated; and more, in typhoid fever we must meet the zymotic poison causing it, by the best known antidote for that particular form, which, in his opinion, was baptisia tinctoria—to begin and end the treatment with baptisia, which I accordingly did. Notwithstanding this, these typhoid microbes lived and luxuriated on the blood and tissues of my patient, while I looked on with great anxiety.

Temperature went up and up till it reached  $107^{\circ}$ ; pulse weak, soft, and intermittent, delirium and muttering unabated, picking at bedding; could only rouse her by shaking. By this time I was thoroughly roused, and knew if I saved my patient I must act, and that at once. I ordered hot water, and I went to work and packed her myself. This was the master-stroke; the *hot* pack broke the fever. That night was the first rest. The following morning temperature only  $99^{\circ}$ , and after noon never went over  $101^{\circ}$ . Continued the use of baptisia and the sedatives indicated for the brain trouble, which was very annoying. The best results were obtained from very minute doses of morphia sulph., as gr.  $\frac{1}{4}$ , aquæ pura  $\text{℥viii}$ , teaspoonful every ten or fifteen minutes for three doses, then suspended until again needed.

Constipation was present during the entire illness, which was combated with enemata of hot glycerine, and I hope others who have weak nervous patients troubled with pronounced constipation will try glycerine  $\text{℥i}$ , as hot as can be borne.

The vital forces were sustained by baths of alcohol and capsicum alternated with alcohol and quinine, the nurse using the hand for rubbing dry, each bath consuming about one hour.

The food was selected which was the most nourishing and digestible; the times of taking food and the intervals were as carefully specified as were those of the medicines. Much here depends on method and regularity. No solid food was allowed until convalescence was established beyond a shadow of doubt. My success in this case I attribute mainly to the use of hot packs, stimulating baths, and proper food.

*1116 Broadway, Oakland, Cal.*



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**CEPHALALGIA.**

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BY J. W. HUCKINS, M. D., PLYMOUTH, CAL.

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THE symptoms depend upon various causes, and are connected with a variety of morbid conditions. We have organic headaches from disease of the brain. Headache depending upon a congested condition of the cerebral veins, is termed plethoric. Bilious headache, dependent on deranged or imperfect action of the liver or stomach. Nervous headache, due to debility or other causes.

To sum up the conditions present, and which lead to headache, I may state that fatigue, overexertion, mental or physical excitement, all these tend to produce a species of congestion and weak or debilitated condition of the vessels of the brain, and this results in headache.

**ORGANIC HEADACHE.**—Always due to some disease of the brain or membranes. Continued pain in the head, vertigo, vomiting, confusion of the mind, ringing in the ears. The pain is continuous, sharp at times, at others dull, and lancinating, more severe in back part of the head, though apparently deep-seated. When due to inflammation the pain is intense, and is increased by noise, heat, or motion.

**PLETHORIC HEADACHE.**—Essentially a congestion of the brain or its membranes. Sanguine temperament, constipation, sedentary habits, too much sleep, suppression of some secretion, are all predisposing causes, while stooping occupations are exciting causes and produce the peculiar throbbing pain, which usually attends this form of headache.

**BILIOUS HEADACHE.**—Common to patients of a bilious temperament. Liver and digestive apparatus are always feeble and deranged, coated tongue and offensive breath, yellow tinge of the eye, appetite impaired.

**NERVOUS HEADACHE.**—Commonly met with in patients of a nervous, sanguine temperament. Common to conditions of impoverished blood. Often produced by the irritation of decayed teeth, malaria, and other toxical agents present in all forms of exhaustion. Nursing too much. Also as a result of excessive



hemorrhage, hysteria, sexual excess, drains upon the system from any cause.

In all cases the pain must be relieved, because brain pain is out of all proportion to that of any other form. For this purpose the following remedies I find of great utility; reject opium, chloral hydrate, and bromide of potassium as deleterious drugs.

CITRATE OF CAFFEINE in all forms of sick-headache gives the greatest relief of any remedy I have ever used. The dose I administer is from grains *iss* to grains *ii* every half hour until the headache disappears.

GUARANA is a remedy that I have had splendid results from, and it should not be forgotten in these cases.

BELLADONNA is a good remedy when indicated, so is gelsemium, rhus tox, bryonia, pulsatilla, iron, macrotys, nux vomica.

PODOPHYLLIN, EUONYMIN, CHIONANTHUS, QUININE.—I will state here that quinine and the proper sedative will give relief in malarial headache in from two to four hours (it is a specific). Iodide of ammonium is a good remedy. I find that with sudden and intense congestion, with violent headache, absence of fever, glonoin is the remedy. It will give immediate relief in this form of headache.

CANNABIS INDICA is another good remedy when indicated. So is ergot.

I do not think there is any need of giving the indications for the above remedies, for every Eclectic physician who has "Scudder's Specific Medication," surely knows the indications for them.

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## A SINGULAR CASE IN PRACTICE.

BY E. DARNEILLE, M. D.

I WAS called March 12, 1889, to visit Mr. W. H., a farmer, married, aged 28, who was reported as having had three fits before the messenger started for me. I reached his residence at six o'clock A. M., and found him resting calmly. Pulse normal, no fever, complained of headache and had a strange staring of the eyes. In about twenty minutes he took another convulsion,



which had all appearance of a genuine epileptic fit. I administered an emetic, which checked the fits until two P. M., when he had another light one. Then I gave tinct. gelsemium, fifteen drops, every hour till four doses were given. There was no return of the fits during the following night, nor since that time (one week ago).

He is at this time attending to his affairs. I have treated worm fits in children, epilepsy, hysterical fits in women, puerperal convulsions, but never, in thirty-five years' practice, met with a case like this before.

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### ADVANTAGES OFFERED TO IMMIGRATING EC- LECTICS IN CALIFORNIA CANDIDLY DISCUSSED.

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BY H. T. WEBSTER, M. D.

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THE portion of this article published in last month's journal requires some comment before proceeding further. A reader who is well acquainted with Sacramento winters from residence there, assures me that I have represented the mildness of the winter climate of that section in too glowing terms, that the winters are somewhat cooler there than on the coast, and that there are numerous raw, chilly days. The picture drawn by me was that presented to myself on a December day I entered the State a few years ago, and I may have reckoned too much on my own experience.

Another reader asserts that I have done Los Angeles injustice in representing it as a cold place in the winter. Possibly I have made use of extreme conditions to illustrate common climatic states, but if I can succeed in drawing out some of the JOURNAL readers from different parts, I will be willing to stand corrected several times more.

The humidity of the coast may be reckoned from north to south. This sustains what I have already asserted as the prime factor of our climate, the influence of the ocean air.

Along the coast of southern and central California, the warm ocean air is reciprocated by a correspondingly warm inland



atmosphere, and no precipitation results unless among the heights of the Sierras during the summer months, and it is only when there is a marked contrast between the ocean atmosphere and that of the interior that precipitation occurs. Therefore the long period of drought—five or six months—during the warmer portion of the year. As we pass to the north, however, there is more of a contrast between the inland air, influenced by latitudinal effects, and that of the ocean, and more frequent and greater precipitation is the result.

Thus the amount of moisture increases as you pass from south to north. For while the droughts are the rule in the southern portion of the State, and are feared in the central parts, the climate of Northern California resembles that of the East considerably as regards its rainfall, and, when Oregon is reached, there is plenty of rain and often to spare. The Oregonians have been facetiously termed "web-feet" in jocular allusion to the prevailing moisture of their State.

But to return to our coast climate. We wear our flannels winter and summer, many not even taking the pains to provide for lighter fabrics during the warmer months, and we find them quite comfortable. We also wear about the same clothing in other respects, though perhaps overcoats receive a little more attention during the winter. An extra blanket is acceptable also winter nights, though it is never so hot that a good cover is objectionable; and if it were not for the exasperating flea, the earth could not afford a greater paradise for sleepers. As it is, if one gets there, after it becomes satiated and a good gait has been struck, all the blessedness afforded by complete and profound oblivion can be enjoyed far into the following morning.

But there is a class of persons who do not rest well in this climate. They are not anemic subjects as a rule, or people whom one would ordinarily suppose would pass sleepless nights. They are persons presenting an appearance of robustitude—persons full of blood and apparent vigor, in whom arterial tension is so exaggerated as to result in abnormal cerebral fullness and consequent nervous irritability. They are of that class who are very apt to come to sudden death or experience an apoplectic seizure which may otherwise result in hemiplegia.



Our climate seems to be a puzzle to a great many people. Even old residents are as uncertain as new-comers about what ought to be the apparel appropriate to the occasion. Cool mornings are followed by warm noon-times, and about four o'clock a radical change comes from the ocean breeze, which then brings in an atmosphere which is often chilly, and not unfrequently damp and foggy. Clothing left hanging out-of-doors will become heavy and damp if not brought in before 4 P. M.

I will relate some of the incongruities I have observed from this strange misunderstanding between the seasons. Upon the streets of Oakland one can see upon any sunshiny day ladies dressed in lawns and straw hats, others in sealskin sacques, others in shawls or heavy draperies, etc., but occasionally one seems to be puzzled as to the proper caper; for I remember not long ago of meeting a lady dressed in sealskin with a parasol elevated to break the rays of the sun. As it was a warm day, she undoubtedly needed the parasol but not the sealskin sacque.

#### COMMON DISEASES.

Along the coast we have nasal and pharyngeal diseases as the common class, both acute and chronic. Pneumonia is not usual, but is often severe when occurring. Typhoid fever is peculiar here and of severe type. Typhus fever is occasionally met. Diphtheria is common and often fatal. Malaria is common in the interior and foot-hills of the Sierras. In fact, it pervades to greater or less extent the entire coast.

Gastro-intestinal difficulties are as common as every-day talk, and while I realize that the hurry and worry and bustle and high-pressure customs of city life tend everywhere in the United States to dyspepsia, I am of the opinion that they are more common here in the form of constipation and indigestion than in other parts.

There are two reasons for this. In the first place, the cool, exhilarating climate stimulates an abnormal appetite. The miserable dyspeptic fills himself to repletion, suffers for hours with gastric torment in consequence, but turns up at the next meal hungry as a hound. Overfeeding then is a common fault



here and overtaxation of the digestive apparatus and liver the result.

Another reason that indigestion is so common, is the small amount of fluids drank. The coolness of the climate checks cutaneous action and reciprocal demand upon the part of the stomach for fluids to supply the displacement is lacking. There is but little water consumed, and one of nature's alvine evacuants thus neglected. Constipation and impaction of the lower bowel with hemorrhoidal congestions, as will be surmised, are therefore very common. The rectal specialist finds here a fruitful field for operation. I believe the fundement is the proper place to begin to treat more than half the "chronics" of the coast.

Biliousness is the bane here of every person inclined in the least in that direction. It is no place for a person suffering with biliousness to come to. The change may improve such persons in the start, for there is much in a *change*, but the patient afflicted with hepatic disorder must not expect to find a panacea in the climate of California for his ailments.

Kidney troubles are common here, and for the very reasons that have been ascribed as a cause of gastric and hepatic disorders. The lack of compensation upon the part of the cutaneous surface drives the kidneys to constant effort, and over-consumption of an amount of food demanded in this climate for the wants of the body necessitates a removal of surplusage in the shape of kidney products. Bright's disease is common.

#### SANITARY ADVANTAGES OF THE CLIMATE.

But we find in the interior a climate suited to the correction of such drawbacks, though it is not always intelligently adapted to individual wants. The sea-coast dweller should spend a portion of each summer in the interior, where he will perspire freely for several months in order to strike proper balance with Dame Nature.

A patient of mine who had spent ten years conducting a fishery upon one of the wharves of Oakland, residing in a cabin there with the only surviving member of his family, a boy who had arrived at the age of fifteen, unexpectedly found himself



anasarcous, but, experiencing no pain, neglected to summon assistance until he became prostrated.

Upon being called, I found him suffering with Bright's disease, abundance of albumen evident, upon application of the heat and nitric acid tests. The urinary secretion did not amount to four ounces in twenty-four hours. He was bloated from head to foot, his legs being enormously swollen, and his countenance presenting a ludicrous appearance, as he had been known to me as a somewhat lean and dried-up man, past middle life.

Chloride of gold and sodium in appropriate doses, increased the urinary secretion perceptibly, and I found it expedient to purge him judiciously with hydragogue cathartics. Quinine and alstonia served to add somewhat to his strength, and in about three weeks I managed to get him out of bed, though he was still markedly anasarcaous.

As soon as he could travel I advised him to change his surroundings at once if he desired to live six months, and told him to find the warmest place he could, get his skin in an active condition, and remain there the rest of his days, at least several years. He acted upon my advice somewhat reluctantly and visited a warm-spring resort in the interior, noted for the extremely warm climate surrounding it.

I heard no more from him for perhaps three months, when, one evening, while returning from San Francisco, I met him on the ferry boat, looking like his old self and feeling about as "good as new." He was enthusiastic over the results of his move, and paid me a handsome compliment for the good advice I had given him; he had already paid his bill.

He was down for a brief period to look after his business, intrusted temporarily to his son, but assured me he intended to spend the most of his time away from the coast, where he could perspire freely, until entirely well.

Such parts of the interior as are not too malarious, offer good climatic advantages to those suffering with pulmonary disorders. Of course no reasonable person would expect to see a case of tuberculosis recover here when far advanced, but catarrhal phthisis and bad cases of bronchitis derive great advantage from



this climate. Not that people do not suffer from it frequently who have been born and bred here, but a pulmonary membrane accustomed to the changeable weather of many parts of the East, seems to improve speedily when imported here.

Among a party of excursionists from eastern Ohio, with whom I came to California after a brief visit East in December, 1887, was an elderly gentleman from Mantua, Ohio, whose paroxysms of coughing from a chronic bronchitis at night were painful to witness, and who it seemed at times would never survive the trip. Two friends accompanied him, who passed a greater portion of their nights ministering to his wants, and he sat up and coughed almost incessantly while crossing the mountains. Of course his disease was aggravated by the smoke from the engine and the altitude, which is always trying to invalids.

I became quite well acquainted with him, and he promised to call upon me when parting at Barstow, as he took the southern train for San Bernardino. Sure enough, within three months he called at my office in Oakland completely recovered from his cough, and surprisingly improved in his appearance. He soon afterward returned to the East.

A number of others afflicted with chronic laryngeal and bronchial troubles speedily recovered after arriving here, as I learned from those who called to visit me before returning. I have been authentically informed of cases in which pulmonary hemorrhage had occurred several times, recovering upon advent to this coast from the East, but have no personal knowledge of any.

#### FACILITIES FOR OBTAINING A HOME.

The California real-estate boom is dead, and it deserves to be. There will continue to be a steady flow of population to this coast, and property can be had at reasonable rates.

Even now it is not higher in cities and towns than in places of corresponding size in the East. A comfortable home is within the reach of anyone possessing a thousand or fifteen hundred dollars, in almost any place outside such cities as San Francisco, Oakland, Los Angeles, Sacramento, or San Diego.

Household effects are also readily accessible and moderately cheap.



We are not situated upon the ragged edge of a half-civilized section, but are in closer communion with the nations of the world than people east of the Mississippi who are not conveniently located upon some railway converging to a metropolitan center.

The Pacific Ocean is a great highway readily reached, over which transportation is convenient and cheap, while the railroads of the State are no insignificant item.

#### HOW DOES ECLECTIC MEDICINE STAND.

In many places it has no standing at all. The field is open, but the people need to learn what the Eclectic practice is from one of its adherents. Our school has been but little known here, though where represented, as it has been in isolated sections, by able men, it has received a hearty support.

But it must not be expected that we live in a benighted region where opposing factions are after the old-fogy style. Medical men of all schools in California are well to the front in everything that pertains to medicine and surgery. The old is being supplanted by the new, and the Eclectic in this State who would make a name for his school and himself cannot rest upon laurels already won but must be constantly up and doing.

There are probably more eligible locations in Northern California than in any other section of the State. This is so from the fact that the excitement in real estate attracted a large influx of physicians to the southern country, thus more than supplying the demand.



## CORRESPONDENCE.

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NEWARK, N. J., Dec. 15, 1888.

DR. WEBSTER: I have ordered several hundred copies of the volume about to be published of transactions of the National Eclectic Medical Association for the present year (Vol. XVI). This is for me no trivial matter, but it has been my purpose to do what I felt and believe to be an important service to disseminate the knowledge of our operations, and the principles of pure Modern Eclectic Medicine.

The volume contains a full exposition of the situation in the State of Pennsylvania, the attitude of the respective parties and schools, and, for the most part, the present status of our practice in the country. It is a valuable *vade mecum* for every practitioner who aspires to be a physician indeed.

It exhibits fairly and exactly the state of the medical conflict now going on between the partisans of exclusive medicine on the one hand, and the friends of liberal medicine, fair play, and constitutional rights on the other. It is not necessary to repeat the old story of medical legislation, which in our State and elsewhere is but an effort to fasten on our necks a medical despotism, under the pretext of science, whose fair name is thereby vilified. You know the aims, the purpose, the chicanery.

My plan is to furnish this volume by the quantity, at a price just above the cost of work and material. Any surplus realized will be delivered to the Treasurer of the National Eclectic Medical Association as the nucleus of a fund for extraordinary expenses.

It is accordingly offered for \$1.00 per copy—at which price you are enabled to make a judicious distribution among your ministers, jurists, lawyers, educators, and your more intelligent neighbors, as well as to place copies in your public libraries, where all will have access to them. In this way you diffuse information as to the scope and operations of Eclectic medicine, and create a public and political sentiment in your favor. The expense is moderate, but the outlay will realize a hundred-fold to you.



The Legislature meets in January, and more encroaching legislation will be attempted in addition to the lawless statutes now on the statute-books in violation of the Federal Constitution and common justice. It is, therefore, very desirable to place a copy in the hands of the members of the Legislature as early as possible, so that they can be informed as to our position upon the question of medical legislation.

I now ask you personally, my friend and fellow-workman, will you assist me in this undertaking? Several have made their orders already—12 or 15 copies—but not enough to repay my outlay. Pray do not hold back, do not delay, but send me your orders at once. Give name of express company by which they shall be sent. Remit by post-office order, postal note, or check payable in New York. Fraternaly yours.

G. E. POTTER, M. D.

9 1-2 Orchard Street, Newark, N. J.

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INDIANAPOLIS, April 9, 1889.

PROF. H. T. WEBSTER: The Indiana Eclectic Medical Association will hold its twenty-fifth annual meeting May 8 and 9, 1889, at Pfafflin Hall, Indianapolis.

This being the twenty-fifth anniversary of the Association, there will be a reunion and banquet on the evening of May 8. All our friends are invited. *Editors especially.*

G. W. PICKERILL, M. D.

118 North Illinois St.

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EDITOR CALIFORNIA MEDICAL JOURNAL—*Dear Sir:* I would like to hear from yourself or some of your many readers regarding the following case:—

Mr. M., age 23, is subject to epileptic fits. He has been ailing for the last two years. The first symptoms were fainting spells, each of which lasted about half an hour. The initial one occurred in April, 1886. In the following July he lost the use of the right eye, and in the following October, during an excruciating attack of headache, which made him almost frantic, the



function of the left one was destroyed. This headache lasted about twelve hours, from five P. M. till four A. M. During the epileptic attacks now there seems to be nothing uncommon wrong with the eyes.

The attacks occur at irregular intervals, one every day perhaps for a few days, then four or five days of interval will follow before another. Or he may have only one severe one, to be followed by an interval, the attacks being more severe when they occur singly.

During the attacks the tongue is drawn backward, the tip curved upward and clinging to the roof of the mouth; there is choking, arrest of respiration, cyanotic countenance, rigidity of the muscles, with the left arm uplifted. There is no alteration in the pupils at these times, these being habitually dilated.

After the seizure he falls into an exhausted slumber, to awake unconscious of what has happened. Sometimes, however, he is able to detect the approach of the attack. There are no indications of locomotor ataxia.

When there has been a protracted respite from one of the seizures, subdued attacks in the form of prostration and twitching of the limbs occur. This involves both upper and lower extremities, and he usually falls at such times, though he does not lose consciousness.

He has been salivated. The gums are very much congested, protrude beyond the teeth, are tender to the touch, and bleed easily.

I forgot to state that the left side of the face was paralyzed in June, 1888, and that he has had no use of it since. There is dribbling of saliva, imperfect articulation, and apparently defective hearing. When addressed in a loud tone, he starts and stares as though suddenly aroused.

After an attack there is hacking and coughing without expectoration, and the breathing is as though there was an obstruction in the larynx.

Though very nervous, his appetite is good and he usually rests well at night.

The family history is usually good, though he had an aunt who died with apoplexy.



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He was formerly inordinately addicted to the smoking of cigarettes; was a type-setter by occupation. Possibly lead poisoning may have had an influence in bringing on the trouble.

What do you think about the case, and what would you recommend?

I think I will try electricity, massage and tonics for the nervous system generally until further developments occur.

Yours respectfully, JOHN J. VAN MALE, M. D.  
*Bieber, Cal.*



# SELECTIONS

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## MEDICAL SIFTINGS.

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*Baldness and Dandruff.*—A solution of chloral hydrate, five grains to the ounce of water, will clear the hair of dandruff, and prevent its falling out from that cause. In many instances where the patient is nearly bald, the application of the above-mentioned solution will restore.

Arnica oil is also an admirable remedy to promote the growth of hair. A small quantity well rubbed into the scalp three or four times a week can be tried with expectations of benefit.

*Maggots in Wounds.*—A strong infusion of the leaves of the common elder will rid a wound of maggots. Wash the part with the infusion and keep wet, by saturating a compress and applying.

*Fermentative Dyspepsia.*—A teaspoonful of glycerine administered three or four times a day, will often entirely cure the disagreeable trouble.

*To Check an Abortion.*—Apply a fly-blister over the sacrum and give small doses of viburnum opulus; keep the patient in bed.

*For Erysipelas.*—Try an application of alcohol, containing all the common salt that it will dissolve.

*Gleet.*—Piper methysticum, or kava kava, as it is more commonly known, is giving better satisfaction as a remedy for those difficult cases of gleet than any other remedy with which I am acquainted. It is also a remedy in gonorrhea, after the acute stage is passed.

Dose, five or six drops of the specific tincture, three or four times a day; large doses will prove stimulating and will often aggravate the trouble; then small doses will sometimes increase the discharge for a few days, when it will gradually diminish, and within a short time the disease is entirely cured.

This remedy is also applicable to obstinate cases of rheumatism



and lumbago, and should be tried in cases of gonorrheal rheumatism. It is a fine remedy in atonic conditions of the mucous surfaces, and should find more extended uses than it now has.

*Cascara Segrada.*—I have prescribed this remedy in several cases of rheumatic troubles, and with a pleasing degree of success. I believe it to have a specific action upon muscular fiber. I have had admirable results in two cases of pelvic pains from uterine derangement where this drug has been prescribed.

*Quebracho* is another new remedy added to our already overflowing materia medica. It fills a place hitherto unoccupied.

It will relieve dyspnœa, and distress due to capillary bronchitis, and also when due to the later stages of consumption. Often a single dose of ten or fifteen drops of the fluid extract will make the patient reasonably comfortable for twenty-four hours. In cyanosis due to disease of the heart, its action is not as pronounced as in diseases of the respiratory organs. Still it will be found of considerable benefit. The remedy appears to stimulate the respiratory centers, and assist in the oxygenation of the blood.

*Writer's Palsy.*—Gelsemium is an admirable remedy in this disagreeable condition. I have relieved numerous cases by giving doses of a single drop of the specific tincture of gelsemium three or four times a day for a month or more.

*Hepatic Calculus.*—Try benzoate of lithium, 10 grs. dissolved in an ounce of water, directing the patient to take a teaspoonful of the mixture every three or four hours. I have cured several of the most obstinate cases I have ever seen, with this remedy. One case had been treated by several physicians, and came into my hands with a severe irritation of the bladder. I prescribed the lithium, and after taking the remedy for several weeks, the urinary trouble subsided, and there has been no return of the gall-stone colics in three years, while before the lithium was taken she suffered from the attacks as often as every week or ten days.

Other physicians have used this remedy upon my recommendation with equally pleasing results.—*E. R. Waterhouse, M. D., in American Medical Journal.*



### IODOFORM IN CHRONIC RECTITIS.

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CHRONIC rectitis, associated, as it ordinarily is, with ulceration of the mucous tissue, is an extremely annoying disease to the practitioner, and a distressing and dangerous one to the patient. Not only an impairment of the general health follows it, but a constant menace from hepatic complication must be recognized. The physician's attitude toward his patient is, at the same time, often rendered a sorely trying one, by the refusal or hesitancy of the patient to submit to such means as are ordinarily deemed essential to a cure. The use of the rectal speculum, the dilatation of the sphincter anus, etc., is often confronted with great aversion, and in deference to this feeling physicians often reluctantly yield and adopt other plans. It was with this feeling and with the view of preventing septic disturbances of the liver that we first ordered suppositories of iodoform inserted into the rectum.

The condition was one following a violent and protracted dysentery in a delicate female, æt. 17, whose prejudices against what we deemed the proper treatment could not be overcome. The discharges from the rectum had contained pus and blood for three or four months previous to the adoption of iodoform treatment; the actions exceedingly frequent, and the sphincter so weakened as to not always successfully perform its functions. A considerable inflammatory action in the integuments around the anus was complained of, and the peculiarly distressing pain in this region also evidenced the existence of a fissure. After repeated efforts to secure an examination without success, we ordered suppositories of cocoa butter, each containing five grains of iodoform. At first they were not long retained and one was used after each action. When, subsequently, they were retained, one was used in the morning, at noon and at bed-time. During the third week of treatment one suppository was used in the morning and one at bed-time, and for the fourth week one was inserted on going to bed each night, although no evidences of disease remained. The improvement was gradual, but from the first insertion perceptible to the patient.



Since the above experience we have treated three similar cases with like success. One of these had had the ulceration exposed and cauterized with nitrate of silver. The others were not examined with the speculum but had had chronic dysenteric conditions of the rectum for some time. No medicine was used internally in either case.—*Memphis Medical Monthly*, Jan., 1889.

### RESORCIN IN SKIN DISEASES.

EDITOR MEDICAL WORLD: If F. W. O., page 303, and Dr. S. Reynolds, page 305, August *World*, will use resorcin in their cases they will find what they want. Resorcin is the best remedy I have ever used in *chronic* eczema, and it is good in any skin disease characterized by *itching*. With this agent I have recently cured three cases of chronic eczema, which had resisted my best efforts during months of varied treatment. The head, face and whole body were affected in two of the cases. Two cases of itching piles were instantly relieved, and within one month both itching and piles had completely disappeared. How long this cure will hold good I cannot say. I have had during the past twelve months under my care a case of diabetes which presented a rash on the external genital organs and the inside of the thighs, accompanied by the most intense itching. The itching was immediately relieved by resorcin. I have used this remedy in one case of nasal catarrh, which was characterized by a constant itching of the inside of the nostrils. Relief was immediate. In fact, as far as my experience goes, in any chronic local disease of surfaces that can be reached, in which itching is a prominent symptom, the exhibition of resorcin is beneficial. I am now treating a case of pityriasis capitis, in which loss of hair and itching are prominent symptoms, with this agent, with what result I am not yet able to say. I have my eye on the finest specimen of psoriasis diffusa that I have ever seen, in which I am intending to try this remedy. After giving it a fair trial I will report results. By the way, I have just completed the cure of a very severe case of scratches in one of my horses with resorcin. I usually order the agent thus:—

Rx     Resorcin, ℥iv.  
          Glycerine, ℥iv.

M. Sig.—Apply with a soft brush t. i. d.

—Dr. Gregory, in *Medical World*.



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**DARWIN, "THOU REASONEST WELL."**

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I DISTINCTLY remember (and who dares doubt me?)

Having been (now, I care not who believes!)

An ape, with a forest round about me—

Prodigious trees and enormous leaves.

I shall never forget the exquisite feeling

Of elevation, sans thought, sans care,

When I twisted my tail round the wood's bough ceiling,

And swung meditatively high in air.

There's an advantage! Fairer shapes can

Aspire, yearn upward, tremble and glow;

But, by means of their posteriority, apes can

Look down on aspirants who walk below!

There was a life for a calm philosopher,

Self-supplied with jacket and trousers and socks,

Nothing to learn, no hopes to get cross over,

And a head that resisted the hardest knocks.

Liquor and meat in serene fruition,

A random income, from taxes free,

No cares at all, and but one ambition—

To swing by the tail to the bough of a tree!

Whence I firmly believe, to the consternation

Of puppies who think monkeyosophy sin,

In gradual human degeneration

And a general apely origin.

Why, the simple truth's in a nutshell or thimble,

Though it rouses the monkey in ignorant elves,

That the devil's tail is a delicate symbol

Of apehood, predominant still, in ourselves.

Pure class government, family glory,

Were the delights of that happy lot;

My politics were serenely Tory,

And I claimed old descent from—Heaven knows what!

When the bright sun beckons the spring, green-decked-up,

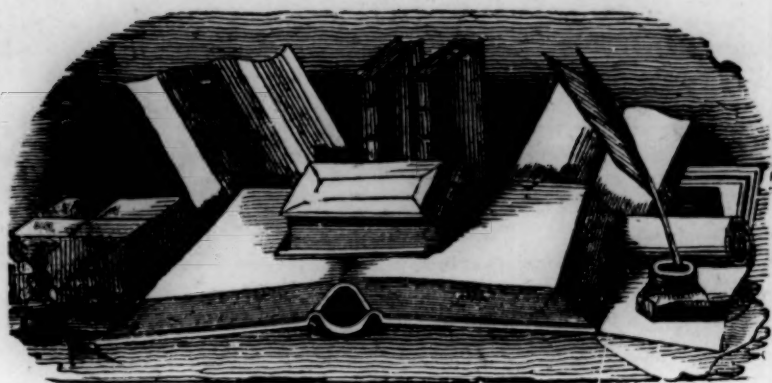
The ape swells within me. Whenever I see

Mortals look skyward, walking erect up,

I long for a tail and a large, strong tree.

—Robert Buchanan, in *Albany Medical Annals*.





## EDITORIAL.

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**The Portal Circulation.**—Excessive indulgence in lean meats is usually the cause of disarrangement of this function, and knowledge of the cause would suggest an important element of cure,—avoidance of animal food.

But the tired liver may be invigorated in this case by the proper remedy, the effects being observable, not so much perhaps in local changes, as in the sense of relief experienced in the system generally.

In such a case the symptoms of general prostration are out of all proportion to the real amount of disease present. The patient is tired, so that the least exertion is dreaded, often drowsy, inclined to lethargic sleep in the day-time, while restless wakefulness harasses his midnight hours. The appetite meanwhile is often unnaturally voracious.

Abstinence from animal food and a spare diet generally, will assist therapeutic application here. The specific remedy is *mercurius dulcis* in the second or third decimal trituration, in small doses, three or four times daily. Nothing more magical was ever known in medicine than the effect of this remedy, properly adapted. The value of the hepatic influence of hydrochloric acid has long been recognized; in small doses, well diluted, it serves a valuable purpose here.

The uric acid habit—lithæmia, as well, probably, as oxaluria—is referable to imperfect hepatic action upon certain elements of the portal blood; though without doubt the primary fault is lack of thorough oxidation of the nitrogenous elements of the tissues undergoing retrograde metamorphosis, in addition to faulty mate-



rial which has passed the portal circulation without receiving due elaboration.

If one of the functions of the portal circulation is the conversion of waste proteid material into urea, it is important in all cases of chronic disease to inquire into the amount of work being thrown on this part. The habitual presence of excess of lithic acid in the urine indicates faulty action here, and demands that a better preparation of the general current distributed to the portal circulation shall be made.

Liquor potassæ, benzoic acid, and benzoate of ammonia, may then become, indirectly, important remedies for disturbed states of this circulation by aiding the kidneys to carry off an excess of an element which taxes the powers of the structures among the hepatic capillaries. Oxygen administered in different ways may also be of highest service in assisting in a more complete conversion of proteid products into normal excrementitious material.

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**The Outlook.**—The prospects for the coming college term were probably never better since the beginning of lectures in our institution.

The bountiful rainfall promises a prosperous year throughout the entire coast, adds confidence to enterprise, and assures such an activity in every department as to presage important increase in our population, and offer extended fields for the practice of medicine.

The merits of our school are also attracting attention. Eclectic physicians are in demand and succeed wherever they go. And the time is not far distant when those of lukewarm friendship for the cause will develop a little more character—indeed that time is even now here.

Our college has made for itself a reputation which will keep its students here to graduate instead of going further and faring worse.

With our new building, which will prove, we believe, satisfactory to the requirements in every respect, we will offer advantages for instruction never before controlled by us. And if energy,



pluck, enterprise, and ability can accomplish it, we will send out the most thoroughly educated practitioners—practical physicians—that the world can afford. In fact, we believe we have come very near doing this already.

Dear reader, you may think this is asserting a great deal, but if you doubt our intent and ability, come and see for yourself.

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**Nearly Gone.**—The stock to be issued by the California Medical College Building Association has been limited, and only a small amount more will be sold.

Those who have hesitated about taking hold of this enterprise, have made a mistake, for already the property has advanced more than twenty-five per cent beyond the purchase price, as attested by a *bona fide* offer with deposit to a real-estate agent who supposed it in the market.

A cable street-car line will soon be running on Folsom Street, and in no distant time we shall be in the center of a great metropolis. We are nearer the ferries and railroad depot than any other college in the city.

This will make it convenient for our students in coming and going, and also for those of the Faculty located on the opposite side of the bay. It will also render our property highly valuable as time advances.

An announcement of the coming year's lectures is nearly ready, for which Dr. D. Maclean, 6 Eddy Street, San Francisco, should be addressed.

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**To the Point.**—The editor of the Philadelphia *Medical Times* pertinently comments upon the resignation of the former editor of the *Medical Age*, as follows:—

“Dr. J. J. Mulheron has resigned the editorship of the *Medical Age* in order to devote more time to his lectures. This speaks well for the Michigan College of Medicine and Surgery, in that Dr. Mulheron places his chair above the editorial tripod. In one way, perhaps, this is a wise move. If one wants to do a thing well, he must not dissipate his energies on side issues. But, on the other hand, the training of the editor is the best possible preparation for the lecturer. Keeping in touch with the profession, reviewing the work which is constantly coming into



print all over the world, and keeping up the actual practice which enables one to discriminate, and keeps him from becoming pedantic, are the best means of keeping in 'condition' as a lecturer. This involves the necessity of doing three men's work; but, as Horace Greeley said, if a man can't do that, he must not expect to succeed nowadays. Dr. Mulheron will be sadly missed. His bright wit has made the *Age* one of the most popular of our medical journals. Dr. B. W. Palmer, who succeeds him, will have a hard task to keep the pace set by his predecessor; though his first number is quite up to the mark. We extend our best wishes for future success to both gentlemen."

There is no alternative when one is saddled with so much work, but a neglect of one's personal comfort and private interests. And there comes a time when such work must be abandoned, for it finally kills if unremittingly adhered to.

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### EDITORIAL NOTES.

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THE next meeting of the National Eclectic Medical Association will occur at Nashville, Tennessee, June 18, 19 and 20 next.

THE American Medical Association (old school) will meet at Newport, Rhode Island, June 25, 1889.

THE twelfth annual meeting of the Wisconsin Eclectic Medical Society, will be held at Madison, Wisconsin, June 4 and 5, 1889, in the Senate chamber. Headquarters at the Park Hotel. J. V. Stevens, M. D., Prairie du Sac, Wisconsin, President; H. N. Rogers, M. D., Whitehall, Wisconsin, Corresponding Secretary.

WE are in receipt of the announcement of the Medical and Surgical College of the State of New Jersey. We suppose this to be a new Eclectic venture, as the names of G. E. Potter, M. D., formerly of Johnstown, Pennsylvania, and Robert A. Gunn, M. D., appear among those of the Faculty. The college is located in Jersey City.

A NUMBER of Eastern subscribers have sent us checks on Eastern banks for subscription to the JOURNAL. Our custom has been to toss the check into the waste basket and credit the subscriber for the amount, but we hope this notice will change the custom. A postal note costing three cents is legal tender here and little trouble, but a check is not worth taking the pains of collecting when hailing so far from home.



## MISCELLANEOUS.

LOCATIONS.—The following locations are known to be good situations for Eclectics, but no further information is given: Damascus, Ala., address J. D. Parkman; Alma, Buffalo Co., Wis., 1,600 population, 2 Regulars; Bayfield, Buffalo Co., Wis., 1,600 population, one young Regular; Boscobel, Grant Co., Wis., 1,800, 3 Regulars; Grand Rapids, Wood Co., Wis., 2,000, 2 Regulars only; Prairie Du Chien, Crawford Co., Wis., 3,500, four doctors; Merrill, Lincoln Co., Wis., 2,700, four doctors.—*Eclectic Medical Journal*.

MULLEN OIL.—E. R. Waterhouse, M. D., writes as follows to the *American Medical Journal*: "Within the last two years, what is known as 'mullein oil' has gained quite a reputation as a remedy for the treatment of earache. It is an error in calling it an oil, as it is really a preserved juice obtained from the blossoms by packing them fresh in a wide-mouth bottle, or fruit jar, and allowing them to stand in the sun for a month or more. At the end of that time several ounces of a dark-looking liquid may be pressed out of a quart of the blossoms. This liquid resembles strong coffee, with an odor not unlike black snuff. To this juice is to be added enough strong alcohol to prevent its decomposition—the rule being an equal volume of the spirits. A few drops of this put into an aching ear often acts like magic, relieving the pain at once; many cases of deafness have been entirely cured by its use as a local agent. Given at the rate of gt. x. to xx. to four ounces, it becomes a valuable remedy in the treatment of nocturnal enuresis of children; the above proportioned four-ounce mixture given in doses of a teaspoonful four times a day, will often cure the most obstinate cases within a few weeks. Within a few weeks past, one of our students applied at a drug store for some of the remedy, which they did not have in stock, but agreed to procure from a wholesale house in this city. In the evening he called and received what was marked 1 oz. 'Mullein Oil,' and paid therefor \$1.00. The preparation was used according to directions, but failed to produce beneficial results. I examined 'the stuff,' and found it to be a heavy-fixed oil, smelling strongly of oil of cajeput. It was, no doubt, cotton-seed oil, containing a small amount of oil of cajeput, and bore the stamp of a prominent wholesale drug house in this city. Such frauds are too often perpetrated upon the physician by the saintly drug man."

To this the editor of the *American Medical Journal* adds:—

"There are, evidently, several methods of preparing the



mullein oil. Professor Waterhouse, in this number of the *Journal*, gives a method, and thinks it more appropriate to call it a mullein juice, rather than an oil. Would it not be still more appropriate to call his a mullein essence, or tincture? He states that, thus prepared, it resembles in color strong coffee. I think that if this color is imparted to it there must be either the pods or dried flowers used. I have prepared the oil when a boy student under my father, a hundred times. Nothing but the yellow flowers were packed into a bottle, set in the sun's rays a few days, when a small quantity of straw-colored, oily fluid was thrown down. This was used without mixing with alcohol or anything else. It is difficult to obtain and requires a hot sun. It should command a good price on this account. I presume an absolute oil could be obtained from the seeds, and perhaps would be equally as efficacious."

DR. T. R. DICE, Utica, Mo., says: "I beg leave to state that I am well satisfied with the use of crystalline phosphate. I regard it as an improvement upon the liquid preparations in the market. Crystalline phosphate is convenient to dispense, pleasant to the most fastidious taste, elegant in appearance, and decidedly in combination with nux vomica, the best tonic I ever prescribed in atonic conditions of the stomach."

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### "GOLDEN DAYS."

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THE *Golden Days* is a charming paper for the girls and boys, full of interesting articles and entertaining stories of adventure, particularly pleasing to young people.

One very elevating and helpful feature of this paper is the page dedicated to the International Sabbath-school Lesson. The lesson for each following week is prepared by able writers and so simplified that it is of great aid to the Bible scholar.

The paper is full of useful information, and is, on the whole, a delightful household companion for young folks. Published by James Elverson, Philadelphia, Pa.

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### BOOK NOTICES.

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#### HAND-BOOK OF MATERIA MEDICA AND THERAPEUTICS.

Compiled for the use of students preparing for examination. By Cuthbert Bowen, M. D., B. A., editor of *Notes on Practice*. Published by F. A. Davis, Philadelphia and London, 1888.



This volume is a catechism for medical students expecting to undergo examination in materia medica, pharmacy and therapeutics—a *résumé* of points in these studies of what will be liable to come up in final examinations, in medical colleges generally.

The work will not supply all that a final examination will be likely to include in an Eclectic college, for it is confined to the drugs recognized by the United States pharmacopœia, but it will nevertheless prove of value as an instructor in prescription writing, methods of study, etc., as well as a very convenient work of handy reference for the explanation of terms in general use, in materia medica and pharmacy, with which the student will need to familiarize himself.

The therapeutics manifest a little tendency to progress, but not enough to commend the work as one of frequent reference for student or practitioner. For example, colocynth is classed among cathartics and recommended to be administered always in combination with milder purgatives, as it is too severe in action to be administered alone. "It should never be used in dropsy." Thus is a most valuable remedy disposed of.

A student desiring to acquaint himself with old drug classifications will probably find in this work sufficient for the purpose. Price, in cloth, \$1.50. Really it is worth as much as the pharmacopeia itself at about one-third the cost.

**WOOD'S MEDICAL MONOGRAPHS FOR MARCH.** The March number of this publication contains "Neurasthenia and Its Treatment," by Dr. H. Von Ziemssen; "Antipyresis and Antipyretic Methods of Treatment," by Dr. H. Von Ziemssen; "The Tongue as an Indication of Disease," by Dr. W. H. Dickinson; "On the Treatment of Cystic Goiter," by T. M. Howell, F. R., C. S., and "New Remedies from 1878 to 1888," by Dr. C. Cauquil; and also the index for Volume 1.

Dr. Dickinson's work on the Tongue is an exceedingly interesting and profitable one for perusal, though it does not result in much addition to the therapeutics of the subject. "New Remedies," is also of value. The other portions of the number may also be worthy of commendation, but we have not given them any reading and cannot "speak from the book."

**INTERNATIONAL POCKET FORMULARY.** With an appendix containing Posological Table, Formulæ for Inhalations, Suppositions,



Nasal Douches, Eye Washes and Gargles, Hypodermic Formulæ, Table of Hypodermic Medication, Use of Thermometer in Diseases, Poisons and their Antidotes, Post-mortem and Medico-legal Examination, Artificial Respiration, Ligation of Arteries, Obstetrical Table, Urinalysis, Differential Diagnosis of Eruptive, Typhoid and Typhus Fevers, Tables of Pulse, Temperature, Respiration, Motor Points, etc. By C. Sumner Witherstine, M. S., M. D., associate editor *Annual of the Universal Medical Sciences*, late house-surgeon Charity Hospital, New York; Visiting Home for the Aged (Little Sisters of the Poor), Germantown, Philadelphia. Published by F. A. Davis, Philadelphia, Pa.

The title of this work tells the story better than we can do it. The volume will be of value to anyone giving it study. The edge is indexed to facilitate ready reference.

**THE MODERN TREATMENT OF DISEASES OF THE KIDNEYS.**

By Prof. Dujardin Beaumetz, Paris, France; translated by E. P. Hurd, M. D., Newburyport, Mass. Published by Geo. S. Davis, Detroit, Mich.

**DISEASES OF THE KIDNEYS.** By Prof. Dujardin Beaumetz; translated from the French by E. P. Hurd, M. D. Published by George S. Davis, Detroit, Mich.

This little work, like its companion on Diseases of the Liver, combines the virtues of brevity, completeness, and lucidity in a most admirable manner. It is entertaining and instructive, and is really preferable to many more extensive works as a work of reference to the student and guide to the practitioner. It is one of the Leisure Library Series.

**A HAND-BOOK OF THERAPEUTICS.** By Sidney Ringer, M. D., Professor of the Principles and Practice of Medicine in University College, Physician to University College Hospital. Twelfth edition. Published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York.

This new edition of Ringer's hand-book has been revised from previous issues, and much fresh information on old as well as new drugs, added.

Ringer has been more instrumental, perhaps, than any other of the old-school writers, in lifting regular medicine out of the slough of despond in the department of therapeutics.

Eclectic physicians cannot be Eclectic and neglect the therapeutics of other schools. "Regular" medicine is not asleep, but has been developing some important improvements within the past few years, and the wise Eclectic will acquaint himself with these and add them to his own stock.



The publishers of this work have acquitted themselves creditably, the book being comely in proportion and typographically excellent.

THE MEDICAL BULLETIN VISITING LIST. Published by F. A. Davis, 1231 Filbert Street, Philadelphia, Pa.

This visiting list is arranged upon a plan adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list. The necessity of rewriting the names of patients *every week is obviated*, as the arrangement of *half-pages requires* the transfer of names *only once a month*; at the same time the record is kept just as perfect and complete in every detail of *visit, charge, credit, etc.*, as by the old method. From this it will readily be seen that a large amount of valuable time is saved, as well as a great deal of labor formerly necessitated in rewriting the patients' names. After eight years' experience and observation in handling and selling every style and form of Visiting List ever placed before the profession, we have at last, we think, produced THE List that physicians have so long looked and waited for. There are no intricate rulings; everything is easily and quickly understood; not the least amount of time can be lost in comprehending the plan, for it is acquired at a glance.

It also contains valuable tablets and formulæ which are both useful and convenient to the physician in daily practice. Published in two sizes. Price, \$1.25 and \$1.50.

THE PSYCHIC LIFE OF MICRO-ORGANISMS. A STUDY IN EXPERIMENTAL PSYCHOLOGY. By Alfred Binet. Translated from the French by Thomas McCormack, with a preface by the author written especially for the American edition. Chicago: 1889. The Open Court Publishing Company. Cloth, 75 cents. Paper, 50 cents.

M. Alfred Binet, the collaborator of Ribot and Féré, and one of the most eminent representatives of the French School of Psychology, has presented in the above work the most important results of recent investigations into the world of micro-organisms. The subject is a branch of comparative psychology little known; as the data of this department of natural science lie scattered for the most part in isolated reports and publications, and no attempt has hitherto been made to collate and present them in a systematized form.



Especial use has been made of the investigations of *Balbani*, *Clapaède* and *Lachmann*, *Maupas*, *Ribot*, *Engelmann*, *Pouchet*, *Weber*, *Pfeffer*, *Kent*, *Dujardin*, *Gruber*, *Nussbaum*, *Bütschli*, *Lieberkühn*. The cuts, eighteen in number, are illustrative of the movements, nutrition, digestion, nuclear phenomena, fecundation of proto-organisms.

The most interesting chapters are those on fecundation, which demonstrate the same instincts and vital powers to exist in spermatozoids as are found in animals of higher organization.

M. Binet's researches and conclusions show "that psychological phenomena begin among the very lowest classes of beings; they are met with in every form of life from the simplest cell to the most complicated organism." The author contests the theory of the distinguished English scientist, *Prof. George F. Romanes* who assigns the first appearance of the various psychical and mental faculties to different stages or periods in the scale of zoological development. To M. Binet there is an aggregate of properties which exclusively pertain to living matter, the existence of which is seen in the lowest forms of life as well as in the highest.



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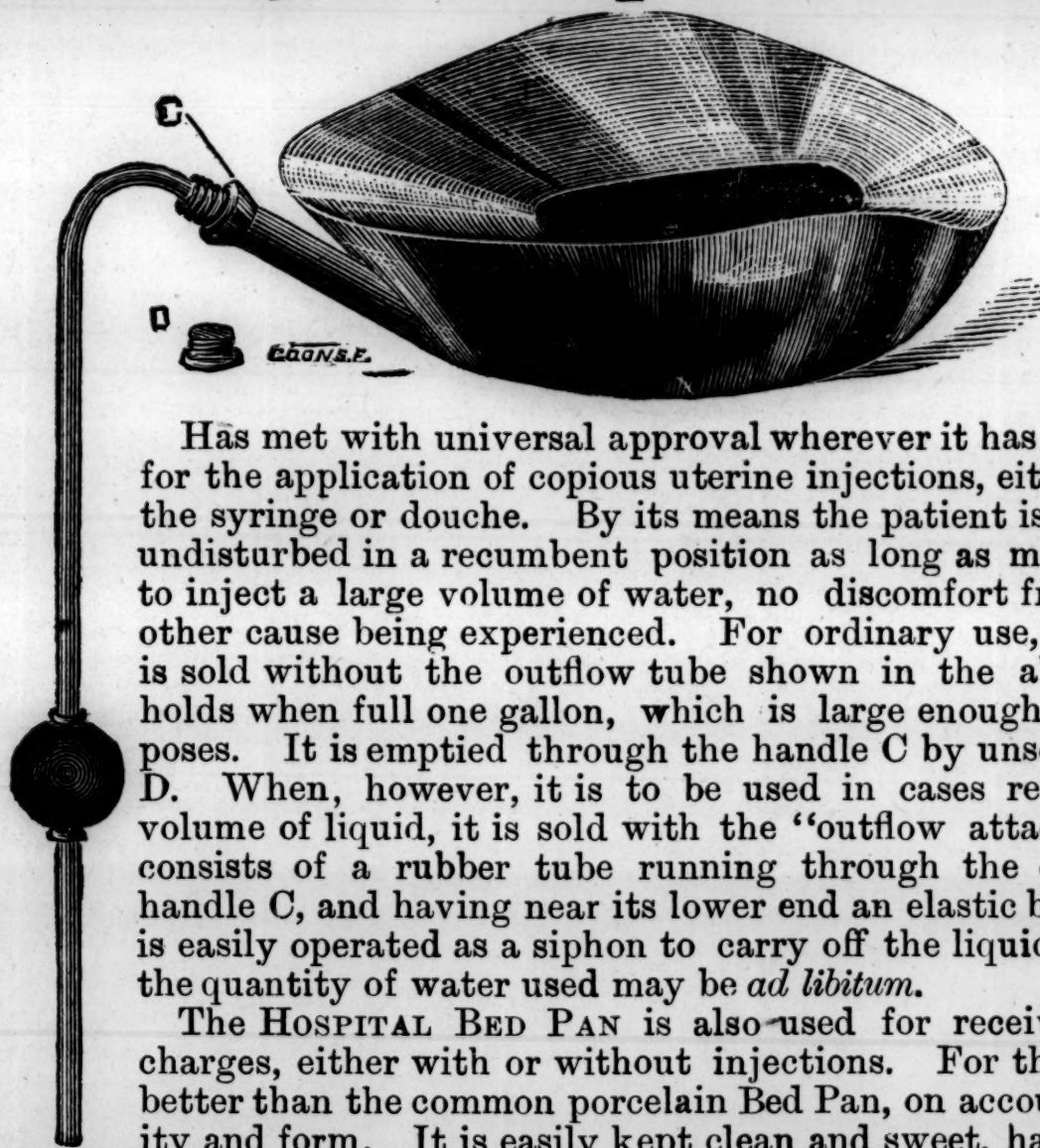
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